



## HEART SUPPORT AUSTRALIA MEMBERSHIP APPLICATION/RENEWAL FORM

### Ordinary Membership: Free

FULL NAME: Mr/Mrs/Ms \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

SUBURB: \_\_\_\_\_ POST CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ PEER SUPPORT GROUP \_\_\_\_\_

The following information is useful for HS-A but not compulsory. Any information given here adheres to our privacy policy and totally confidential.

I have had a diagnosed heart disability:

I underwent surgery on \_\_\_ / \_\_\_ / \_\_\_ At the \_\_\_\_\_ hospital.

Nature of the operation \_\_\_\_\_

I have a diagnosed heart disease/condition. Nature of condition

\_\_\_\_\_

I am the spouse/partner of a person with a heart condition; or

I am the parent/guardian of a child with a heart condition; or

I am an interested person who would like to become a member of HS-A

I WOULD BE HAPPY TO ASSIST WITH:

fundraising activities       information activities       committee member activities

other (please specify) \_\_\_\_\_

In accepting membership of Heart Support Australia Ltd (HS-A), I agree to abide by its Constitution.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please post this form to  
HS-A L3/50 Launceston Street Phillip ACT 2606  
or email to [office@heartnet.org.au](mailto:office@heartnet.org.au)**

#### Privacy Statement

Heart Support Australia Limited helps save lives through our vital Heart Health Support Service, including Counselling to heart patients, community education and services to patients. Heart Support Australia respects your privacy and has embraced the National Privacy Principles in regulating how we collect, use and disclose and hold your personal information. If you would like a copy of our Privacy Policy, please contact Heart Support Australia.